


Attorney Docket No.: 08223/1200339-US1

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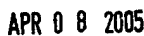
Jamie L. Wiegand  
Typed or printed name of person signing Certificate

52,361  
Registration Number, if applicable

(206) 262-8900  
Telephone Number

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Request for Continued Examination Transmittal (1 page)  
 Fee Transmittal (1 page)  
 Amendment After Final (16 pages)  
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**Effective on 12/08/2004.**

Reqs pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

|                    |                        |
|--------------------|------------------------|
| Application Number | 09/988,824-Conf. #8821 |
|--------------------|------------------------|

|             |                   |
|-------------|-------------------|
| Filing Date | November 20, 2001 |
|-------------|-------------------|

|                      |              |
|----------------------|--------------|
| First Named Inventor | Reza Rassool |
|----------------------|--------------|

|               |               |
|---------------|---------------|
| Examiner Name | B. D. Goddard |
|---------------|---------------|

|          |      |
|----------|------|
| Art Unit | 2161 |
|----------|------|

|                     |                   |
|---------------------|-------------------|
| Attorney Docket No. | 08223/1200339-US1 |
|---------------------|-------------------|

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify):

|                 |                                 |                                          |
|-----------------|---------------------------------|------------------------------------------|
| Deposit Account | Deposit Account Number: 04-0100 | Deposit Account Name: Darby & Darby P.C. |
|-----------------|---------------------------------|------------------------------------------|

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

|                         | FILING FEES     |                     | SEARCH FEES     |                     | EXAMINATION FEES |                     |                       |
|-------------------------|-----------------|---------------------|-----------------|---------------------|------------------|---------------------|-----------------------|
|                         |                 | <u>Small Entity</u> |                 | <u>Small Entity</u> |                  | <u>Small Entity</u> |                       |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u>     | <u>Fee (\$)</u> | <u>Fee (\$)</u>     | <u>Fee (\$)</u>  | <u>Fee (\$)</u>     | <u>Fees Paid (\$)</u> |
| Utility                 | 300             | 150                 | 500             | 250                 | 200              | 100                 |                       |
| Design                  | 200             | 100                 | 100             | 50                  | 130              | 65                  |                       |
| Plant                   | 200             | 100                 | 300             | 150                 | 160              | 80                  |                       |
| Reissue                 | 300             | 150                 | 500             | 250                 | 600              | 300                 |                       |
| Provisional             | 200             | 100                 | 0               | 0                   | 0                | 0                   |                       |

## 2. EXCESS CLAIM FEES

| 2. EXCESS CLAIM FEES                               |          | Small Entity |
|----------------------------------------------------|----------|--------------|
| Fee Description                                    | Fee (\$) | Fee (\$)     |
| Each claim over 20 (including Reissues)            | 50       | 25           |
| Each independent claim over 3 (including Reissues) | 200      | 100          |
| Multiple dependent claims                          | 360      | 180          |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|
| 48                  | - 48 =              | x               | =                    |

| <b>Multiple Dependent Claims</b> |                      |
|----------------------------------|----------------------|
| <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| 8                    | - 4 = 4             | x 100.00        | = 400.00             |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| - 100 =             | /50                 | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

**Non-English Specification.** \$130 fee (no small entity discount)

|                                      |                                                          |        |
|--------------------------------------|----------------------------------------------------------|--------|
| Other (e.g., late filing surcharge): | 2801 Request for continued examination (RCE) (see 37 ... | 395.00 |
|--------------------------------------|----------------------------------------------------------|--------|

## SUBMITTED BY

|                   |                                                                                     |                                      |               |           |                |
|-------------------|-------------------------------------------------------------------------------------|--------------------------------------|---------------|-----------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 52,361        | Telephone | (206) 262-8900 |
| Name (Print/Type) | Jamie L. Wiegand                                                                    | Date                                 | April 8, 2005 |           |                |